

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000008997990

11/14/02--01037--008 \*\*ISO.00

DOCUMENT # P01000089657

1. Corporation Name

BOKEY CONCRETE PUMPING, INC.

Principal Place of Business

Mailing Address

114 AZALEA LANE  
SANFORD FL 32773

114 AZALEA LANE  
SANFORD FL 32773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/2001

5. FEI Number

59-3739951

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Joseph Baker	114 Azalea Lane, Sanford FL 32773	

8. Name and Address of Current Registered Agent

BAKER, JOSEPH  
114 AZALEA LANE  
SANFORD FL 32773

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

321-377-5914

CR2E040 (8/02)

October 24, 2002

Florida Dept Of State  
Division Of Corporation

This letter is to request reinstatement of my corporation- - Bokey Concrete Pumping Inc.

This is my first annual report/uniform business report that I have received in the mail.

Perhaps the first report was sent to the wrong address. I am not sure of what happened

but I am sure I did not receive this document before. My correct mailing address is: 114

Azalea Lane, Sanford FL 32771. My correct phone number is 321-377-5914

*Joseph C. Baker*

Joseph Baker